

10/568879

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DRINK CONTAINER HOLDING APPARATUS
Attorney Docket Number::	4507-1011
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	16
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: KENT
Middle Name:: AARON
Family Name:: NIXON
Name Suffix::
City of Residence:: AUCKLAND
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 93 ARTHUR STREET, ONEHUNGA
Address::
City of Mailing Address:: AUCKLAND
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address:: 1006

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: CARISSA
Middle Name:: RONELLE
Family Name:: GORDON
Name Suffix::
City of Residence:: AUCKLAND
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 33A MATAI ROAD, GREENLANE
Address::
City of Mailing Address:: AUCKLAND

State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address:: 1005

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ2004/000192	8/20/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	527753	8/21/03	Yes
NEW ZEALAND	534357	7/26/04	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::